tat



Secretary of State

Application to Register a Foreign Limited

Liability Company (LLC)

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

on behalf of the foreign LLC.

Signature LLC-9 (REV/11/2023)

Note: Registered LLCs in California may have to pay minim

For Office Use Only

-FILED-

File No.: 202464014162 Date Filed: 9/24/2024

California Franchise Tax Board each year. For more information, got https://www.fib.ca.gov/.		TL	in Space For Office I	lan Onb	
This Space For Office Use Only 1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)					
G.A. West 8		000 Stationing.)	<u> </u>		·
O.A. West	. 00., 220				
1b. California Alternate Name, If Required (Only enter an alternate	te name if the LL	C name in 1a n	ot available in California.)	
LLC Jurisdiction (Ensure that the jurisdiction matches the attached (Certificate of God	od Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)		_			
AL	•				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busined	ess in the stat	e, forei gn co	untry or place enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses, Itel	ms 3a and 3b ca	nnot be a P,O.	Box or "in care of" an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
1200 Radcliff Rd.	Creola		AL	36525	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)		State CA	Zip Cod	e
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	3a 3b			·	
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations) State		State	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.)		· ·		1	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	1	····			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	'	.ast Name		Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	iations)	State	Zip Cod	le
			CA		
CORPORATION - Complete Item 4c only. Only include the name of the r	egistered agent	Corporation.		- -	
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not	complete Item 4a	or 4b			
Cogency G	lobal Inc.				
5. Read and Sign Below (Title not required.)					

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign

LLC-5

Gary West

Type and Print Name

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

State of Alabama

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that G.A. West & Co., LLC was formed in Mobile County on July 6, 1988. The Alabama Entity Identification number for this entity is 000-124-923. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20240924000006668

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/24/2024

Date

Was Och

Wes Allen

Secretary of State